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TDANG	SMITTAL E		Application No.	10/810,164			
TRANSMITTAL FORM			Filing Date	March 26, 2004			
(to be used for all correspondence after initial filing)			First Named Inventor	Gansha Wu			
			Art Unit	2166			
			Examiner Name	Channavajjala, Srirama			
Total Number of Pa	ages in This Submission	า 15	Attorney Docket Number	42P18503			
	ENCLO	SURES (checi	k all that apply)				
Fee Transmittal	Form	Drawing(s)		After Allowance Communication to TC			
Fee Attac	ched	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / R	eply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final Affidavits/declaration(s)		Petition to Convert a Provisional Application		Proprietary Information			
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address		Status Letter			
Express Abandonment Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):  - First Class Certificate of Mailing; and			
Information Disclosure Statement		Request for Refund					
PTO/SB/0	08	CD, Number of CD(s)		- the return receipt postcard			
Certified Copy of Priority Document(s)		Landscape Table on CD					
Response to Mis Incomplete Appl	ssing Parts/ lication	Remarks	T				
	Filing Fee aration/POA						
Response Parts und 1.52 or 1.	e to Missing ler 37 CFR 53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or	Asiani A. Janery, Neg. 110. J 1,041						
Individual name							
Signature							
Date January 2, 2007							
CERTIFICATE OF MAILING/TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							
Typed or printed name Krista Mathieson							
Signature	18015	C My	his m	Date January 2, 2007			

Application Number 10/810,164 Filing Date March 26, 2004  At Unit 2166 At	JAN 0 4 2007							
Applicant claims small entity status. See 37 CFR 1.27.   Examiner Name   Channavajjala, Srirama   Art Unit   2166   Altioney Docket No.   42P18503		10/010/10						
Applicant claims small entity status. See 37 CFR 1.27.   TOTAL AMOUNT OF PAYMENT   (\$) 0.00   At Unit 2166		1114111120, 2001						
TOTAL AMOUNT OF PAYMENT (\$) 0.00 At Unit 2166 Attorney Docket No. 42P18503  METHOD OF PAYMENT (check all that apply)  □ Check □ Credit card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2666 □ Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayment of fee(s) □ Credit any overpayments  under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  FEE CALCULATION  1. EXTRA CLAIM FEES  Total Claims 21 30° = 0	<u> </u>							
METHOD OF PAYMENT (\$) 0.00 Attorney Docket No. 42P18503  METHOD OF PAYMENT (check all that apply)  □ Check □ Credit card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2666 □ Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayment of fee(s) □ Credit any overpayments  under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  FEE CALCULATION  1. EXTRA CLAIM FEES Edite Claims Post from Dockon □ So.00 □ So.								
Check	TOTAL AMOUNT OF PAYMENT (\$) 0.00							
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  FEE CALCULATION  1. EXTRA CLAIM FEES  Total Claims 1		METHOD OF PAYMENT (check all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayment of fee(s)   Credit any overpayments								
Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  FEE CALCULATION  1. EXTRA CLAIM FEES Total Claims Independent Claims Claims Multiple Dependent Largo Entity Small Entity Fee Five Code (3) 1202 50 1202 225 Claims in excess of 20 1201 200 1201 100 Independent claims in excess of 3 1203 360 1203 180 Multiple Dependent claims in excess of 3 1203 360 1203 180 Multiple Dependent claims in excess of 3 1203 360 1203 180 Multiple Dependent claims in excess of 3 1204 790 1204 395 "Reissue independent claims in excess of 20 and over original patent 1205 300 1205 150 "Reissue claims in excess of 20 and over original patent 1205 Small Entity  Small Entity  Small Entity  Small Entity  Credit any overpayments  Credit any	Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP							
Total Claims Independent Claims Independent Claims Multiple Dependent  Large Entity  Small Entity  Fee Free Fee Fee Fee Fee Fee Fee Fee Fee	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments							
Total Claims Independent Claims Multiple Dependent  Large Entity Small Entity  Fee Poid  Solution  Total Claims Multiple Dependent  Large Entity Small Entity  Fee Poid  Solution  Solutio	FEE CALCULATION							
Code (\$) Code (\$)  1202 50 2202 25 Claims in excess of 20  1201 200 2201 100 Independent claims in excess of 3  1203 360 2203 180 Multiple Dependent claim, if not paid  1204 790 2204 395 **Reissue independent claims over original patent  1205 300 2205 150 **Reissue claims in excess of 20 and over original patent  **Or number previously paid, if greater, For Reissues, see below  **SUBTOTAL (1) (\$) 0.00  2. ADDITIONAL FEES  Large Entity Small Entity	Total Claims  Independent Claims  O  X  50.00  S0.00  Multiple Dependent  Large Entity  Small Entity							
Foe Fee Fee Fee	1202 50 1201 200 1201 200 1203 360 1204 790 1205 300 1205 300 1206 300 1207 300 1208 300 1209	ent **or number previously paid, if greater, For Reissues, see below.						
Code (5)   Code (5)   Fee Description   Fee Paid	1	Eco Deid						

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Fee Code	Fee (\$)	Fee Code	Fee (\$)	 Fee Description		Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
2053	130	2053	130	Non-English specification		
1251	120	2251	60	Extension for reply within first month		
1252	450	2252	225	Extension for reply within second month		
1253	1,020	2253	510	Extension for reply within third month		
1254	1,590	2254	795	Extension for reply within fourth month		
1255	2,160	2255	1,080	Extension for reply within fifth month		
1401	500	2401	250	Notice of Appeal	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal		
1403	1,000	2403	500	Request for oral hearing		
1451	1,510	2451	1,510	Petition to institute a public use proceeding		
1460	130	2460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee	e (specify)					
			•	SUBTOTAL (2)	(\$)	

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980		
Signature	Response			Date	01/02/07		